



Jewish Community Center of Northern Virginia
 School-Age Services Department
 2018-2019 School Year
 BASE Staff Application

Name: _____ Date of Birth: _____ (mm/dd/yyyy)

Grade in school as of Sept. 2018 (if applicable): _____ Age: _____ T-Shirt Size: _____

Home Address/City/State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-mail address: _____

Certifications (circle all that apply): **CPR** **WSI** **FIRST AID** **PMAT** **EMAT** **MAT**
 Expiration date: _____

***BASE shifts in the AM run from 7:15am-9:00am and in the PM from 3:00pm-6:00pm.
 Please check days and times you are available to work:***

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
AM BASE 7:15-9:00					
PM BASE 3:00-6:00					

Are you interested in driving the JCC bus for either an AM or PM route?: ___ YES AM/PM ___ NO

Are you interested in working Early Release Days (12:30-6pm)?: ___ YES ___ NO

Are you interested in working Vacation Days (multiple shifts available 7:30am-6pm)?: ___ YES ___ NO

Please list any previous or current work experience where you have been employed as a staff member:

1. Organization: _____ Position: _____ Date: _____
 Supervisors Name: _____ Phone Number: _____

2. Organization: _____ Position: _____ Date: _____
 Supervisors Name: _____ Phone Number: _____

3. Organization: _____ Position: _____ Date: _____
 Supervisors Name: _____ Phone Number: _____

If you are NOT a returning BASE Staff Member, please answer the following questions:

1. Do you have experience working with children? If not, what compels you to want to do so?

2. Why do you feel you are qualified for the position for which you are applying?

3. If your best friend was filling out this application for you and was asked to write down three adjectives to describe you, what would they write?

4. Please list any skills, hobbies or interests that you feel would make you a good fit in working at BASE:

5. Please list any other commitments you may have during the year, i.e., sports, clubs, jobs, etc.:

6. Is this your first job? If so, what are your expectations? If not—what are your expectations?:

7. How did you hear about the BASE Program?

8. Is there anything else you'd like to share with us about yourself?

Please list the names and contact information of 3 professional references (non-family members preferred):

1. Name: _____
Email: _____
Phone: _____
Relationship to applicant: _____

2. Name: _____
Email: _____
Phone: _____
Relationship to applicant: _____

3. Name: _____
Email: _____
Phone: _____
Relationship to applicant: _____

Applicant Signature: _____ **Date:** _____

For Office Use Only

Date Received: _____

References have been checked: _____

Interview Date: _____

CS: _____

Comments: